



CITY OF HOUSTON

Public Works and Engineering
Department

Utility Customer Service
4200 Leeland
Houston, Texas 77023
Phone: (713) 371-1400
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Application for Exemption of Late Fees and Recheck Reads

Instructions: Please print your responses below. All applicants must complete Part I, plus sign and date Part III. Return to "Attn: Accounting" at the address above. Low income disabled applicants must also complete Part II. Failure to return your application promptly may result in your exemption being delayed. **Service must be in the name of the applicant.**

PART I (ALL APPLICANTS)

Applicant Name: _____ Telephone Day: _____
Service Address: _____ Telephone Evening: _____
Social Security #: _____ Birth Date: _____
Texas Drivers License or ID: _____ Water/Wastewater Account #: _____

☐ **Low Income Disabled**
(Proof of disability must accompany
this application.)

☐ **Low Income Elderly (60+)**
(Photo ID must accompany
this application.)

☐ **Veteran with Service Related
Disability** (Copy of VA Disability
Decision Letter must accompany this
application.)

PART II (LOW INCOME DISABLED APPLICANTS ONLY – OTHERS PROCEED TO PART III)

Number of people living in the household (including yourself): _____

A copy of the birth certificate or Social Security card for each household member must be attached. Proof of total household income must accompany all applications.

NAMES	BIRTHDATE	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

UNEMPLOYMENT SUPPORT VERIFICATION

I, _____, acknowledge that I have been unemployed since _____, and that I am receiving \$ _____ per month from _____ to help me meet living expenses. My last employer was _____, at Tel.# _____.

INCOME VERIFICATION Employed ☐ Self-Employed ☐ Not Employed ☐ Retired ☐

Company Name/Employer _____ Address _____

I, _____, acknowledge that I have been employed since _____ as a _____

 My income is \$ _____ per month, and I will verify this
 with an accountant's statement, 1040, or check stub.

Income Sources (money / wages / salary / other income)		Verification	
		<i>Include copies</i>	
Gross Monthly Income	\$ _____	Check Stubs	<input type="checkbox"/>
Dividends & Interest	\$ _____	SS Award Letter	<input type="checkbox"/>
Welfare Payments	\$ _____	Notarized Letter	<input type="checkbox"/>
Pensions & Annuities	\$ _____	AFDC 3087	<input type="checkbox"/>
Unemployment Compensation	\$ _____	1040 Forms	<input type="checkbox"/>
Other (_____)	\$ _____	W-2 Forms	<input type="checkbox"/>
Workman's Compensation	\$ _____	Other (specify)	<input type="checkbox"/>
Alimony	\$ _____		
Child Support	\$ _____		
Total: \$ _____			
Comments: _____			

PART III (ALL CUSTOMERS)

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application contains no false statements.

 Signature - Applicant or Authorized Representative

 Date

DO NOT MAKE ENTRIES BELOW THIS LINE. FOR CITY OF HOUSTON USE ONLY.

Eligibility Determined: ____ / ____ / ____ **Approved by:** _____

Coded by: _____ **Category:** Disabled ☐ Elderly ☐ Veteran ☐